

IMPORTANT

Remember to include your e-mail address when completing your application.

Providing your e-mail address allows us to notify you via e-mail when we receive your application and when we issue your license. These e-mails will contain useful information on how to check the status of your application and how to verify licensure.

Some of our forms have not yet been modified to include e-mail addresses. If the attached form does not include an area in which to enter your e-mail address, or if you need more room, please write your e-mail address on the line below and attach this page to the front of your application. Thank you.

E-Mail: _____



GEORGIA BOARD OF NURSING

Professional Licensing Boards Division
237 Coliseum Drive
Macon, Georgia 31217
Telephone: (478) 207-2440
Fax: (478) 207-1660
Web Site: www.sos.georgia.gov.us/plb/rn

INFORMATION SHEET FOR LICENSURE BY EXAMINATION GRADUATES OF INTERNATIONAL NURSING EDUCATION PROGRAMS

Jurisdictions – The National Council Licensure Examination for Registered Nurses (NCLEX-RN) jurisdictions include the following: All 50 American States; American Samoa; District of Columbia; Guam; North Mariana Islands and the Virgin Islands.

GENERAL INFORMATION

Read these instructions prior to completing the application. Failure to read and follow instructions may cause unnecessary delays in processing the application.

***** WHEN MAILING APPLICATION TO BOARD OFFICE, PLEASE MAIL IN A 9X12 ENVELOPE & DO NOT STAPLE OR FOLD APPLICATION.*****

- A. Applicants** – Applicants include international graduates who are first-time writers of the NCLEX-RN in Georgia; or repeat writers who wrote in another jurisdiction(s) and **who are applying in Georgia for the first time**, or applicants who are registered nurses in Puerto Rico and who have passed only the Spanish examination. **Please note that the Georgia Board of Nursing limits the period of eligibility to THREE (3) years from the first date on which the NCLEX-RN was written in any U.S. jurisdiction.** Registered nurses, who passed all parts of the State Board Test Pool Examination (SBTPE) which was offered in eight of the ten Canadian provinces until 1970, may be eligible for endorsement. Registered nurses who passed the Canadian Nurses Association Test Service (CNATS or CRNE) examination must pass the NCLEX-RN.

Since this is an application for licensure as a registered nurse, it must be filed by the individual applicant. *The Board of Nursing* does not recognize a power of attorney for this process. The application forms must not be altered. Faxed applications will not be accepted.

If an applicant has a disability, which requires accommodation, please contact the Board of Nursing to obtain the Request for Disability Accommodation Guidelines.

- B. Licensing Process** – The application package includes the *Georgia Board of Nursing* Application for Licensure by Examination and NCLEX-RN Candidate Bulletin. You may contact the test service at www.pearsonvue.com/nclex. The Board of Nursing application remains current for one (1) year, after which a new application and fee must be submitted. Supporting documents, which are not subject to change, do not need to be resubmitted.

The sequence in which you apply for licensure and register with the test service matters. The application with the test service is open for 365 days after which you will need to re-register and pay the fee again. Please consider not registering until the Board of Nursing has notified you of your approval. At that point, the Board of Nursing will notify the test service that you are eligible. The test service will send you an Authorization to Test (ATT) which is effective for six (6) months within that window.

When you receive your Authorization to Test from the test service, you may schedule the date, time and location for the NCLEX-RN. Since the NCLEX-RN is administered year round in many sites, there are no longer any deadlines. If you are applying to be licensed in Georgia, you may take the NCLEX-RN at any site, whether it is in Georgia or not.

- C. **Application Fee** – The completed application for licensure by examination with the required, nonrefundable fee of \$40.00 (U.S.Funds) in the form of a cashier's check, certified check, or money order, made payable to the Georgia Board of Nursing, must be submitted to the Georgia Board of Nursing. Personal checks drawn on a US bank account are acceptable.
- D. **Eligibility** - You may take the NCLEX-RN over a three-year period from the date on which the original eligibility was determined by the Georgia Board of Nursing. Applicants may take the NCLEX-RN up to four (4) times in a given calendar year. The Board does not issue a temporary permit for practice as a Graduate Nurse. **If your travel plans are contingent upon your eligibility, please bear this in mind prior to making final arrangements.**
- E. Answer all questions. If you leave any spaces blank it may delay the processing of your application. A non-applicable question should be indicated as such.

APPLICATION INSTRUCTIONS

Legal Name - You must always use the same form of your name. Do not change the spelling and do not change the order of your names. Use the same form of your name on your licensure application to the Board of Nursing, and on your NCLEX examination registration form. Your Picture Identification that you will present at the test center must match the name on your licensure application. **If your name changes during the application process, please request the name change in writing and provide the appropriate legal documents to support the change.**

U.S. Social Security No. – This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §19-11-1 and O.C.G.A. §20-3-295, 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes. If you do not have a U.S. Social Security Number, please send a copy of the social security card when a number has been issued to you.

Date of Birth - Please put in "month/day/year" format. All supporting documents should reflect the same date of birth. If they do not, send a certified copy of your birth certificate.

Residential/Mailing Address: A residential (physical) address **is required** for all licenses. You **may not provide** a PO Box for the address. Provide a complete address. If you provide a PO Box mailing address, you must also supply us with a physical address as well. If you are granted a license, your name, license number, mailing address are public information and will be accessible on the Secretary of State's website for purposes of licensure verification, pursuant to O.C.G.A. 43-1-2 (k). **You are required to notify the Georgia Board of Nursing in writing of an address change within 30 days. Sending a notice to the U.S. Postal Service will not fulfill this requirement.**

Telephone - It is especially imperative that this information remain current during your entire application process. Please indicate N/A for any blanks that are not applicable.

E-mail/Fax Number - If you do not have an e-mail address or fax number, please indicate N/A. Email is the primary means to communicate application deficiencies and resolve issues with your application. If you do, you may register at the Georgia Board of Nursing website under "Sign up for Important Updates" to receive official notices and valuable regulatory information from the Georgia Board of Nursing.

Country of Birth - Provide the name of the country in which you were born.

Native Language - Please respond to questions (a), (b), (c), and (d).

Test of English as a Foreign Language (TOEFL)

Information about the TOEFL may be obtained from:

Educational Testing Services
P.O. Box 6151
Princeton, NJ 08541-6151
www.toefl.org
(609) 771-7100

The acceptable score for the TOEFL test is 540 paper, 207 computer based or 76 internet based; If applicable, please request TOEFL to send the result directly to the Board office. The Georgia Board of Nursing code number is 9189.

Commission on Graduates of Foreign Nursing Schools (CGFNS) Certificate or the Credentials Evaluation Service (CES) Health Care Professions Course-by-Course Report.

Please Note: International applicants who are currently licensed by endorsement in a United States jurisdiction shall be exempt from options (a) and (b). All other applicants must do one of the following options to establish comparability of nursing education. It is not related to English language competence.

- a. Request the Commission on Graduates of Foreign Nursing Schools (CGFNS) to provide documentation of CGFNS certification directly to the Board office.
- b. Request the Commission on Graduates of Foreign Nursing Schools' (CGFNS) Credentials Evaluation Service (CES) to provide a Nursing and Science Course-by-Course Report directly to the Board office. In addition, the Educational Testing Service must be requested to provide documentation of a score of 540 (paper), 207 (computer) or 76 (internet) on the Test of English as a Foreign Language (TOEFL) directly to the Board office. Certain applicants may be exempt from the TOEFL requirement if they meet all of the following criteria: native language is English; country of initial nursing education was Australia, Bermuda, Canada, Ireland, Jamaica, New Zealand, South Africa, Trinidad, or the United Kingdom; language of instruction was English; and language of textbooks was English.

Information about C.G.F.N.S. and C.E.S. may be obtained from:

Commission on Graduates of Foreign Nursing Schools
3600 Market Street
Suite 400
Philadelphia, Pennsylvania 19104-2651
Phone: (215) 222-8454; Fax: (215) 662-0425
www.cgfns.org

Nursing Education – The application includes Documentation of Nursing Education forms and Classroom and Clinical Information. Please send these forms to each nursing school attended. Transcripts and any supporting documents must clearly describe all classroom and clinical/practical nursing courses. The school must submit the official documents directly to the Board office. Documents must be in English or be accompanied by an English-language translation. If they are not in English, the Board will require you to provide the name of an authorized translator to whom the documents can be sent for translation into English at your expense. Educational documents are not accepted directly from an applicant. **In lieu of the above**, you may request that C.G.F.N.S., another licensing board, or an educational institution (other than the one from which you graduated) send a verified copy of the transcript to this office.

If the review of the CES Report and the official transcript indicates a curricular deficiency, you will be notified in writing of the need to complete a nursing course(s) (both classroom and clinical) before eligibility to take the

NCLEX-RN can be determined. Upon passing the course, you must request the Institution's Registrar to send an official transcript directly to the Board office.

Classroom and Clinical Nursing Courses – Please check all applicable areas.

Licensure as a Registered Nurse – The application includes a Verification of Licensure form. It should be sent to the licensing/registration board, which can verify that the license to practice as a registered nurse is current, provide its expiration date, and respond to the disciplinary status. The name on the verification of license must be the same as the name on the application. The licensing/registration board must send the verification directly to this office. If you do not have a current license anywhere, you are not eligible to submit an application in Georgia. If you are currently licensed in a U.S. state which utilizes NURSYS, please complete the NURSYS form and send it with a fee to the address on the form.

Previous Applications for Licensure – (a) It is helpful to know whether an applicant has applied previously to the Georgia Board of Nursing because supporting documents, which are not subject to change such as transcripts, may be stored in the Archives. They can be retrieved and filed with a current application (b) and (c). The Georgia Board of Nursing limits the period of eligibility to three (3) years from the date on which the NCLEX-RN was first written in any jurisdiction. Previous information about the NCLEX-RN history will be needed in order to process the application.

Practice as a Registered Professional Nurse – The Board requires information that you have practiced in another territory, province, state, district, or country as a registered nurse for three (3) months or 500 hours within the four (4) years immediately preceding the date of this application. An alternative to this would be graduation from a nursing education program within the four (4) years immediately preceding the date of this application.

If you do not meet the requirement, a Board-approved reentry program must be satisfactorily completed upon passing the NCLEX-RN and before issuance of a permanent license.

An applicant who must satisfy a curricular deficiency and who does not meet the practice requirement may satisfy the latter upon passing the required nursing course(s).

Disciplinary Information – Please respond to questions A, B, C and D.

Release of Information – Please complete if applicable.

Certification – Please sign the application (given name followed by surname) in the presence of a notary.

RESULTS OF NCLEX-RN

The results of the NCLEX-RN will be sent to you from the Board of Nursing. Under no circumstances will an NCLEX-RN result be reported verbally.

- A. Any person practicing or offering to practice nursing or using the title registered professional nurse, as defined in §§ OCGA 43-26-2 et. seq., within the State of Georgia, shall be licensed as provided in OCGA §§ 43-26-2 et. seq.
- B. According to OCGA 43-26-3(6), (8) "Practice nursing" or "practice of nursing" means to perform for compensation, or the performance for compensation, of any act in the care and counsel of the ill, injured, or infirm, and in the promotion and maintenance of health with individuals, groups, or both throughout the life span. It requires substantial specialized knowledge of the humanities, natural sciences, social sciences, and nursing theory as a basis for assessment, nursing diagnosis, planning, intervention, and evaluation. It includes, but is not limited to, provision of nursing care; administration, supervision, evaluation, or any combination thereof, of nursing practice; teaching; counseling; the administration of medications and treatments as prescribed by a physician practicing medicine in accordance with Article 2 of Chapter 34 of this title, or a dentist practicing dentistry in accordance with Chapter 11 of this title, or a podiatrist practicing podiatry in accordance with Chapter 35 of this title. (8) "Practice nursing as a registered professional nurse" means to practice nursing by performing for compensation any of the following:

- (A) Assessing the health status of individuals, groups, or both throughout the life span;
 - (B) Establishing a nursing diagnosis;
 - (C) Establishing nursing goals to meet identified health care needs;
 - (D) Planning, implementing, and evaluating nursing care;
 - (E) Providing for safe and effective nursing care rendered directly or indirectly;
 - (F) Managing and supervising the practice of nursing;
 - (G) Collaborating with other members of the health care team in the management of care;
 - (H) Teaching the theory and practice of nursing;
 - (I) Administering, ordering, and dispensing medications, diagnostic studies, and medical treatments authorized by protocol, when such acts are authorized by other general laws and such acts are in conformity with those laws;
 - (J) Administering medications and treatments as prescribed by a physician practicing medicine in accordance with Article 2 of Chapter 34 of this title, a dentist practicing dentistry in accordance with Chapter 11 of this title, or a podiatrist practicing podiatry in accordance with Chapter 35 of this title; or
 - (K) Performing any other nursing act in the care and counsel of the ill, injured, or infirm, and in the promotion and maintenance of health with individuals, groups, or both throughout the life span.
- C. **The Georgia registered nurse license must be presented to the employer prior to beginning any nursing position (including orientation) for which current Georgia licensure as a registered professional nurse is required.**
- D. Any person who is licensed as a registered professional nurse shall identify that he or she is so licensed by displaying either the title "registered professional nurse" or "registered nurse" or the abbreviation "R.N." on a name tag or other similar form of identification during times when such person is providing direct patient care.
- E. Upon receipt of the license, the applicant should verify the accuracy of all information. Notify the Board in writing immediately if there is an error.
- F. Before an individual can practice as a certified nurse practitioner, certified registered nurse anesthetist, certified nurse midwife, or clinical nurse specialist, psych/mental health, they must possess APRN authorization from the State of Georgia. **A Georgia registered nurse license with an advanced practice specialty designation on its face demonstrates advanced practice authorization. The licensee is responsible for maintaining national certification.** Temporary or provisional authorization is not APRN authorization, but may provide temporary authorization to engage in advanced nursing practice if within the guidelines set by the GBON Rules and Regulations.
- G. An applicant must notify the Board in writing of an address/email change within thirty (30) days. **It is your responsibility to update your email address with the Board office.** You may process these changes at www.sos.ga.gov/plb/. Your email address will not be shared with third parties.
- H. All Georgia RN licenses expire January 31st in odd-numbered or even-numbered years depending upon the last number on your license. Upon receipt of your original pocket card, **note the expiration date. THE BOARD WILL NOT MAIL RENEWAL NOTICES. It is your responsibility to renew your license on or prior to your expiration date. Paper renewals will only be available by request.** If you need a paper renewal, you may contact the Georgia Board of Nursing at (478) 207-2440.
- I. An applicant for licensure who has begun employment as a registered nurse in Georgia prior to issuance of a license may result in disciplinary action.

ADVANCED PRACTICE REGISTERED NURSE AUTHORIZATION

If you wish to engage in advanced nursing practice as a Certified Nurse-Midwife, Nurse Practitioner, Certified Registered Nurse Anesthetist and/or Clinical Nurse Specialist, Psychiatric/Mental Health you must be authorized by the Georgia Board of Nursing. To obtain authorization, you must complete and include the APRN application with this application. You must have current RN licensure in Georgia to obtain APRN authorization.

ENCLOSURES:

Application for Licensure by Examination – 1
Licensure by Examination Information Sheet – 1
Documentation of Nursing Education – 2
Verification of Licensure as a Registered Nurse – 1
Results of Previous Licensing Examination(s) – 1
Candidate Bulletin – 1
Criminal Background Consent Form – 1
Documentation to Determine Qualified Alien Status - 1
Self Addressed Postcard (To Confirm Date of Receipt of Application by Georgia Board of Nursing) – 1

FOR BOARD USE ONLY	
Amount Submitted	_____
Date	_____
Receipt #	_____



FOR BOARD USE ONLY	
Certificate Number	_____
Date Issued	_____
Applicant No.	_____

GEORGIA BOARD OF NURSING

237 Coliseum Drive • Macon, Georgia 31217 • (478) 207-2440

www.sos.georgia.gov/plb/m

APPLICATION FOR LICENSURE BY EXAMINATION FOR GRADUATES INTERNATIONAL NURSING PROGRAMS

License Type: (X) Initial RN

Method Obtained by:

() Examination International Graduate

1. Legal Name to appear on License:

LAST	FIRST	MIDDLE	MAIDEN
------	-------	--------	--------

2. Name as shown on exam records, transcripts or any documentation provided to the Board including maiden name (if different):

LAST	FIRST	MIDDLE	MAIDEN
------	-------	--------	--------

3. Social Security #: _____ Date of Birth: _____

*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §19-11-1 and O.C.G.A. §20-3-295, 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.

4. Gender: ☐ Male ☐ Female Race: _____ Ethnicity: _____ (Hispanic or Latino) _____ (Not Hispanic or Latino)

5. Residential (Physical)

Address:

NUMBER AND STREET (P.O. BOX NOT ACCEPTABLE)

APT #

CITY

STATE

ZIP

6. Mailing

Address:

NUMBER AND STREET (P.O. BOX ACCEPTABLE)

APT #

CITY

STATE

ZIP

*Pursuant to O.C.G.A. §43-1-2 (k) your name, mailing address and license number are public information and will appear on the Secretary of State's website.

7. Daytime Phone #: _____

Evening Phone #: _____

8. E-mail Address: _____ Fax Number: _____

9. APPLICANT AFFIDAVIT:

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of _____, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

- 1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on page ____ of the application.**
- 2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of _____ and/or criminal prosecution.

10. Country of Birth: _____

NATIVE LANGUAGE

11. Please respond to the following questions:

- a. Is native language English? **No** ☐ **Yes** ☐
- b. Is country of initial nursing education – Australia, Bermuda, Canada, Ireland, Jamaica, New Zealand, South Africa, Trinidad, or the United Kingdom? **No** ☐ **Yes** ☐
- c. Was language of instruction English? **No** ☐ **Yes** ☐
- d. Was language of textbooks English? **No** ☐ **Yes** ☐

CGFNS/CES

12. Commission on Graduates of Foreign Nursing Schools (C.G.F.N.S.) Certificate or Credentials Evaluation Health Care Professions Course-by-Course Report (C.E.S.)

Please provide your identification number: _____

EDUCATIONAL INFORMATION

13. Nursing Education: (Provide information on all nursing schools attended.)

- a. Name of School _____
- Address _____
- City _____ Street _____ State/Province _____ Country _____
- Beginning Date _____ Month/Year Graduation Date _____ Month/Year
- b. Name of School _____
- Address _____
- City _____ Street _____ State/Province _____ Country _____
- Beginning Date _____ Month/Year Graduation Date _____ Month/Year

- e. In which other state(s)/territory(ies) have you taken the licensing examination? Please send the enclosed form to the appropriate board of nursing and request that information about your scores/results be sent to this office.

State/Territory:	_____	Exam Date:	_____
State/Territory:	_____	Exam Date:	_____
State/Territory:	_____	Exam Date:	_____

NURSING PRACTICE INFORMATION

17. Employment as a Registered Nurse:

Have you been employed as a registered nurse for compensation for at least three (3) months or 500 hours within the four (4) years immediately preceding the date of this application?

Yes ☐ No ☐

If **yes**, please provide the information requested. **No** resumes please.

Employer's Name Street Address City / State/Zip	Position Title	RN Position		Dates (month/year)	
		Yes	No	From	To

PREVIOUS DISCIPLINARY AND CRIMINAL CONVICTION INFORMATION

18. Board Disciplinary Actions/Legal Convictions: Answer **BOTH** Questions:

A. Have you ever been arrested, convicted, sentenced, pled guilty, plead nolo contendere or given first offender status which is: (a) a misdemeanor; (b) a felony; (c) a crime involving moral turpitude; (d) a crime violating a federal law involving controlled substances, dangerous drugs or a DUI /DWI; (e) any offense other than a minor traffic violation? **NOTE: The answer to this question is "YES" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.**

☐ No ☐ Yes

If **"yes"**, have you included a **certified copy** of the court records and final disposition in a **sealed envelope from the court** with your application?

☐ No ☐ Yes

Have you included a **personal, detailed letter** explaining each incident?

☐ No ☐ Yes

B. Have you undergone treatment for drug or alcohol abuse within the last five years?

☐ No ☐ Yes

If "Yes," submit a personal letter of explanation regarding the incident. Also include all information relevant but not limited to your diagnosis, prognosis, psychosocial history, treatment recommendations, drug screen results and discharge summary. You must pay any cost associated with the production of the documentation.

C. Has any licensing board or agency in Georgia or any other state ever:

- | | | |
|---|-----------------------------|------------------------------|
| (a) denied your application, for licensure, renewal or reinstatement? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (b) revoked, suspended, restricted or probated your license? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (c) requested or accepted surrender of your license? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (d) reprimanded, fined or disciplined you? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

D. Have you failed to renew a license, certification or registration during an investigation against you by a licensing board or other agency?

☐ No ☐ Yes

E. Is there any disciplinary action or investigation pending against you by any licensing board, agency, or national certifying organization?

☐ No ☐ Yes

If **"yes"**, have you included a **certified copy** of that board or agency's action against your license with relevant supporting documents in a **sealed envelope from the board or agency** with your application?

☐ No ☐ Yes

Have you included a personal, **detailed letter** explaining each incident?

☐ No ☐ Yes

Provide the name of the agency or board in the space provided.

Name of agency or board

RELEASE OF INFORMATION

19. I hereby appoint _____

Individual/Recruiter

Address

as my agent to communicate with the Georgia Board of Nursing by phone, mail, e-mail, or fax concerning the status of my application. Written notice of the cancellation of your agency relationship must be received by the Board in order to revoke the above stated Release of Information.

CERTIFICATION

20. I hereby certify that I have read the statutory provisions and the Rules of the Georgia Board of Nursing available by written request (fee required) or at the Georgia Board of Nursing official web site. Under penalties of perjury I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. The attached passport photograph bears my likeness and signature. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure. The Georgia Board of Nursing is hereby authorized to request any criminal history record information concerning me from any state or local criminal justice agency.

Date Application Signed

Signature of Applicant

Sworn to me this _____ day of

_____, _____.

Notary Public _____

(SEAL)

Commission Expires _____

Mail this form and fee to: Georgia Board of Nursing, 237 Coliseum Drive, Macon, GA 31208. DO NOT SEND CASH. Make certified check or money order (US Funds) payable to the Georgia Board of Nursing.

Have you...

- ☐ Enclosed a \$40.00 **non-refundable** application fee?
- ☐ If you responded "Yes" to either the previous disciplinary questions or criminal activity questions, have you included your Letter of Explanation with this application, and have you requested the certified documents from the appropriate authorities to be sent to the GBON?
- ☐ Have you paid the testing fee and registered with the testing service for the NCLEX-RN examination?
- ☐ **Is the name you registered with the test service exactly as you have listed it on your licensure examination application?**
- ☐ **Have you requested that the licensing authority send a verification of current licensure directly to the Georgia Board of Nursing?**
- ☐ **Included all your previously used names?**
- ☐ **If you have chosen to use CGFNS certification** to meet your requirements, have you requested that CGFNS verify your certification? Must request that CGFNS attach a copy of your official transcript with their verification or you must request the official transcript to be sent directly to the Georgia Board of Nursing from your educational institution(s).
- ☐ **If you have chosen to use CES Report** to meet your requirements, have you requested that the report be sent directly to the Georgia Board of Nursing? Must request that a copy of the official transcript be attached to the report sent by CES, or you must request that the official transcript be sent directly to the Georgia Board of Nursing from your educational institution(s). The CES Report is the only Credential Evaluation acceptable to the Georgia Board of Nursing.
- ☐ **If you responded "no" to any of the questions under 10, have you either met the TOEFL requirement by submitting verification of CGFNS certification or requested that a passing score report be sent from TOEFL directly to the Georgia Board of Nursing.**



GEORGIA BOARD OF NURSING

Professional Licensing Boards Division

237 Coliseum Drive

Macon, Georgia 31217-3858

Telephone: (478) 207-2440

Fax: (478) 207-1660

Web Site: www.sos.georgia.gov/plb/rn

DOCUMENTATION OF NURSING EDUCATION

A Documentation of Nursing Education form must be sent to each nursing school attended. The applicant must complete the top section and send the form to the nursing school. The transcript must be sent directly from the school to the Board of Nursing.

Name _____
Last First Middle Maiden

Street Address _____

City _____ State/Province _____ Country _____

Date of Birth _____ License Number _____

School of Nursing _____

Street Address _____

City _____ State/Province _____ Country _____

Enrollment date _____ Graduation Date _____

Signature _____ Date _____

--

NURSE ADMINISTRATOR OF THE NURSING SCHOOL

An official (signed, sealed/stamped) transcript of the nursing education courses, and **pertinent supporting documents describing classroom and clinical learning**, completed by the above-named applicant are attached. The transcript bears relevant dates of enrollment and graduation and the diploma/degree earned. Please complete the classroom and clinical information.

Language in which courses were taught _____

Signature _____ Date _____

Nurse Administrator

SEAL/STAMP

Classroom and Clinical Information

Student (Graduate) _____

Subject	Classroom Hours	Clinical Hours
Medical		
Surgical		
Obstetric		
Pediatric		
Psychiatric		



GEORGIA BOARD OF NURSING

Professional Licensing Boards Division

237 Coliseum Drive

Macon, Georgia 31217-3858

Telephone: (478) 207-2440

Fax: (478) 207-1660

Web Site: www.sos.georgia.gov/plb/rn

RESULTS OF PREVIOUS LICENSING EXAMINATION(s)

Results of Previous Licensing Examination(s) form must be sent to each NCLEX-RN jurisdiction in which an application for licensure by examination was made and the NCLEX-RN was written and failed. The applicant should check with the relevant Board of Nursing to verify whether a fee is charged for this service.

Name _____
Last First Middle Maiden

Street Address _____

City _____ State/Province _____

Country _____ Date of Birth _____

Board of Nursing _____

Permission is granted to the Board of Nursing stated above to send the Georgia Board of Nursing all scores/results from any previous licensing examinations (State Board Test Pool Examination; National Council Licensure Examination.) The information will be reviewed as a part of my application for licensure by examination.

Signature _____ Date _____

BOARD OF NURSING

The above-named applicant has indicated that the licensing examination was previously written in your jurisdiction. For each examination written, please provide the date, series number, and score(s)/result(s).

Signature _____

Title _____ Date _____



GEORGIA BOARD OF NURSING

Professional Licensing Boards Division

237 Coliseum Drive

Macon, Georgia 31217-3858

Telephone: (478) 207-2440

Fax: (478) 207-1660

Web Site: www.sos.georgia.gov/plb/rn

VERIFICATION OF CURRENT LICENSURE

A Verification of Current Licensure form must be sent to the licensing/regulatory board which can verify that the license to practice as a registered nurse is current, provide its expiration date, and respond to its disciplinary status.

The name on the verification must be the same as the name on the application.

Name _____
Last First Middle Maiden

Street Address _____

City _____ State/Province _____ Country _____

Date of Birth _____ License Number _____

License/Regulatory Board _____

Street Address _____

City _____ State/Province _____ Country _____

Permission is granted to the licensing/regulatory board stated above to verify that my license to practice as a registered nurse is current, provide its expiration date, and respond to its disciplinary status. The completed verification should be sent to the Georgia Board of Nursing as part of my application for licensure by examination as a registered nurse.

LICENSE/REGULATORY BOARD

The above-named registered nurse was issued license number _____ which expires/expired on this date _____.

The nurse was licensed by examination ☐, endorsement ☐, or waiver ☐.

Has this license ever been denied, revoked, suspended, surrendered, limited or placed on probation?

No ☐ Yes ☐ If yes, please attached an official copy of the Board action to be completed, sealed/stamped verification form.

Signature

SEAL/STAMP

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

(Print Name)

(Signature)

(Date)



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
GEORGIA BOARD OF NURSING**

**237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440**

CONSENT FORM

I hereby authorize the Georgia Board of Nursing ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Physical Address (P.O. Boxes NOT Accepted)

Sex

Race

Date of Birth

Social Security Number

One of the following must be checked:

- ☐ This authorization is valid for 90/180/____ (circle one) days from date of signature.
- ☐ I, _____ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

Signature of Applicant

Date

Special licensure provisions (check if applicable):

- ____ Working with mentally disabled
____ Working with elder care
____ Working with children

Affidavit Regarding Citizenship

Please submit this document along with a copy of your secure and verifiable document to the Board office as indicated on the application.

Print Name: _____

APPLICANT AFFIDAVIT:

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

- 1) _____ I am a United States citizen. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website.**
- 2) _____ I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

___ DAY OF _____, 20___

NOTARY PUBLIC My Commission Expires: